

| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | | |
|--------------|------|------------------------|------|------------------------|------|------|--------------|------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | | | |
| CLAIMS | | | | | | | | | | | |
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| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | | ↓ | | ↓ | | ↓ | | ↓ | | ↓ | |
| TOTAL CLAIMS | | | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-97)

U.S. DEPARTMENT OF COMMERCE
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